Case	3:22-cv-00050-0	MG Document	8-2 Filed 04/19/22	Page 1 of 54	PageID #: 1243
ill in this inforn	mation to identify your	case:			
ebtor 1	David Andrew Le	vine			
	First Name	Middle Name	Last Name		
ebtor 2	Monica Larson Lo	evine			
pouse if, filing)	First Name	Middle Name	Last Name		
	nkruptcy Court for the: 3:19-bk-01048	NORTHERN DISTRICT			☐ Check if this is an amended filing
	4000				amended filing
)tticial Fo	rm 1065um				
	rm 106Sum		nd Certain Statistic		

your original forms, you must fill out a new Summary and check the box at the top of this page.

-			
Par	1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	500,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	186,769.40
	1c. Copy line 63, Total of all property on Schedule A/B	\$	686,769.40
Par	t 2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	481,726.61
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	85,905.84
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	768,049.84
	Your total liabilities	\$	1,335,682.29
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,680.39
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	9,474.56
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 2	Monica Larson Levine	Case number (if known) 3:19-ble	-01048
	m the Statement of Your Current Monthly Income: Cop A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L		n \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 David Andrew Levine

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	85,905.84
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	85,905.84

	formation to identify your case and t	his filing:		
Date 4				
Debtor 1	David Andrew Levine First Name Middl	le Name Last Name		
Debtor 2	Monica Larson Levine	Last Name		
(Spouse, if filing)		le Name Last Name		
United States	Bankruptcy Court for the: NORTHEF	RN DISTRICT OF WEST VIRGINIA		
Case number	3:19-bk-01048			ck if this is ar nded filing
Schedun each categor hink it fits best	t. Be as complete and accurate as possib	t an asset only once. If an asset fits in more than on ole. If two married people are filing together, both are sheet to this form. On the top of any additional page	e equally responsible for supplying co	ry where you rrect
Do you own	or have any legal or equitable interest in	any residence, building, land, or similar property?		
Do you own No. Go to Yes. Whe	or have any legal or equitable interest in a Part 2. ere is the property?			
Do you own No. Go to Yes. Whee	or have any legal or equitable interest in Part 2.	any residence, building, land, or similar property?	Do not deduct secured claims or exer the amount of any secured claims on Creditors Who Have Claims Secured	Schedule D:
Do you own No. Go to Yes. Whe 1.1 2426 St Street addre	or have any legal or equitable interest in a Part 2. ere is the property?	what is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount of any secured claims on Creditors Who Have Claims Secured Current value of the entire property? Current portion y	Schedule D:
. Do you own No. Go to Yes. Whe 1.1 2426 St Street addre	or have any legal or equitable interest in a Part 2. ere is the property? teamboat Run Road ess, if available, or other description erdstown WV 25443-0000	what is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secured claims on Creditors Who Have Claims Secured Current value of the entire property? Current portion y	Schedule D: by Property. value of the you own? \$500,000.00
. Do you own No. Go to Yes. Whee	or have any legal or equitable interest in a Part 2. ere is the property? teamboat Run Road ess, if available, or other description erdstown WV 25443-0000 State ZIP Code	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	the amount of any secured claims on Creditors Who Have Claims Secured Current value of the entire property? portion y \$500,000.00 Describe the nature of your owners (such as fee simple, tenancy by the a life estate), if known.	Schedule D: by Property. value of the you own? \$500,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debto Debto	or 2 <u>M</u>	avid Andrew Levine Ionica Larson Levine		Case number (if known)	3:19-bk-01048
B. Ca	rs, vans,	trucks, tractors, sport u	utility vehicles, motorcycles		
□ 1	No				
• \	Yes				
3.1	Make:	Subaru	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on <i>Schedule D:</i>
	Model:	Outback	☐ Debtor 1 only		Claims Secured by Property.
	Year:	2013	Debtor 2 only	Current value of the	e Current value of the
	Approxim	nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$3,000.0	\$3,000.00
3.2	Make:	Subaru	Who has an interest in the property? Check one	Do not deduct secure	ed claims or exemptions. Put
3.2	Model:	Legacy	Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2011	Debtor 2 only		
		nate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
		ormation:	☐ At least one of the debtors and another	entire property:	portion you own:
			☐ Check if this is community property (see instructions)	\$650.0	\$650.00
3.3	Make:		Who has an interest in the property? Check one	the amount of any se	ed claims or exemptions. Put ecured claims on Schedule D:
	Model:		Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:		Debtor 2 only	Current value of the	Current value of the
		nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:	At least one of the debtors and another		
	Utility [*]	Trailer	Check if this is community property (see instructions)	\$100.0	\$100.00
3.4	Make:	Toyota	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on Schedule D:
	Model:	Highlander	Debtor 1 only		Claims Secured by Property.
	Year:	2008	Debtor 2 only	Current value of the	e Current value of the
	Approxim	nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$3,500.0	\$3,500.00
3.5	Make:	Honda	Who has an interest in the property? Check one		ed claims or exemptions. Put
	Model:	Accord	☐ Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2002	Debtor 2 only		
	Approxim	nate mileage:	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	portion you own?
		ormation:	☐ At least one of the debtors and another		
			☐ Check if this is community property	\$800.0	90 \$800.00
			(as a instructions)		

Debt Debt		avid Andrew Levine Ionica Larson Levine		Case number (if known) 3	:19-bk-01048
			TVs and other recreational vehicles, other vehicles onal watercraft, fishing vessels, snowmobiles, motorcy		
	No				
	Yes				
					
4.1	Make:	BMW	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	1200cc	Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2000	Debtor 2 only	Current value of the	Current value of the
			■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another	£2 200 00	£2.200.00
	Motor	cycle - 16,084	Check if this is community property (see instructions)	\$3,200.00	\$3,200.00
.pa	ages you		you own for all of your entries from Part 2, includin Write that number here		\$11,250.00
До у	ou own o		able interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tes. De	Stove/Cod	oking Unit		\$250.0 \$350.0
		Freezer			\$100.00
		Washer &	Dryer		\$625.00
		Small App	oliances		\$300.00
		Cooking l	Jtensils/Cookware		\$100.00
		Dishes/CI	nina/Crystal		\$850.00
		Silverwar	e/Flatware		\$250.00
		Living Ro	om Furniture		\$650.00
		Family Ro	oom Furniture		\$350.00
		Dining Ro	oom Furniture		\$800.00

Official Form 106A/B

Debtor 1 Debtor 2	Monica Larson Levine	Case number (if known)	3:19-bk-01048
	Table & Chairs		\$100.00
	Bedroom Furniture		\$450.00
	Various Home Decorations		\$1,000.00
	Sewing Machine		\$75.00
	Desk & Office Furniture		\$250.00
	Miscellaneous Household Items		\$600.00
	Tools		\$300.00
	Lawnmower		\$125.00
□ No	les: Televisions and radios; audio, video, stereo, and digital equipment; comp including cell phones, cameras, media players, games Describe	outers, printers, scanners; music c	
	TV & VCR/DVD		<u>\$550.00</u>
	Computer & Accessories		\$900.00
	Photography Equipment		\$75.00
Example No	bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures other collections, memorabilia, collectibles Describe	s, or other art objects; stamp, coin,	or baseball card collections;
	Signed Football, Native American Artifacts, orienglassware, pottery	ntal rugs, art,	\$7,500.00
Example No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, poor musical instruments Describe	ol tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No	ms oles: Pistols, rifles, shotguns, ammunition, and related equipment Describe		

Debtor 1 Debtor 2	David Andrew Levine Monica Larson Levine	Case number (if known)	3:19-bk-01048
11. Clothe			
Exam □ No	nples: Everyday clothes, furs, leather coats, designer wear, she	bes, accessories	
■ Yes.	. Describe		
	Clothing		\$850.00
	Clothing		φου.υυ
☐ No	ry nples: Everyday jewelry, costume jewelry, engagement rings, v . Describe	vedding rings, heirloom jewelry, watches, gems, g	old, silver
	Jewelry		\$1,000.00
-			
Exam	arm animals nples: Dogs, cats, birds, horses Describe		
	Dog		\$100.00
			<u> </u>
■ No	ther personal and household items you did not already lis . Give specific information	st, including any health aids you did not list	
	the dollar value of all of your entries from Part 3, includin Part 3. Write that number here		\$18,500.00
Part 4: De	escribe Your Financial Assets		
Do you o	wn or have any legal or equitable interest in any of the fol	lowing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	aples: Money you have in your wallet, in your home, in a safe o		non
	sits of money nples: Checking, savings, or other financial accounts; certificat institutions. If you have multiple accounts with the same	es of deposit; shares in credit unions, brokerage hinstitution, list each.	nouses, and other similar
Yes.	Institution	on name:	
	17.1. Checking BB&T		\$1,922.40
	s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with brokerage firms, i	money market accounts	
■ No □ Yes	Institution or issuer name:		
19. Non-p	oublicly traded stock and interests in incorporated and unventure	incorporated businesses, including an interes	t in an LLC, partnership, and
	. Give specific information about them Name of entity:	% of ownership:	

		avid Andrew Levine onica Larson Levine	Case nu	ımber (if known)	3:19-bk-01048
20.	Negotiable Non-negot ■ No	instruments include personal checiable instruments are those you car	r negotiable and non-negotiable instruments ks, cashiers' checks, promissory notes, and money orde not transfer to someone by signing or delivering them.	ers.	
	☐ Yes. Give	specific information about them Issuer name:			
21.		or pension accounts Interests in IRA, ERISA, Keogh, 40	1(k), 403(b), thrift savings accounts, or other pension o	or profit-sharing	plans
	☐ Yes. List	each account separately. Type of account:	Institution name:		
22.	Your share		ade so that you may continue service or use from a cor I rent, public utilities (electric, gas, water), telecommuni		ies, or others
	☐ Yes		Institution name or individual:		
23.	Annuities (A contract for a periodic payment of	f money to you, either for life or for a number of years)		
	☐ Yes	Issuer name and descrip	tion.		
24.		an education IRA, in an account § 530(b)(1), 529A(b), and 529(b)(1)	in a qualified ABLE program, or under a qualified s	tate tuition pro	gram.
	■ Yes	Institution name and des	cription. Separately file the records of any interests.11 l	U.S.C. § 521(c):	
		401K			\$149,897.00
25.	. Trusts, equ	uitable or future interests in prop	erty (other than anything listed in line 1), and rights	or powers exe	rcisable for your benefit
	■ No □ Yes. Giv	e specific information about them			
26.			ets, and other intellectual property proceeds from royalties and licensing agreements		
	■ No □ Yes. Giv	e specific information about them			
27.		ranchises, and other general into	naibles		
	■ No	,	s, cooperative association holdings, liquor licenses, pro	fessional license	es
M	■ No □ Yes. Give	e specific information about them		fessional license	
M	■ No □ Yes. Give	,		fessional licenso	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No □ Yes. Givoney or prop	e specific information about them		fessional licenso	Current value of the portion you own? Do not deduct secured
	No □ Yes. Giv oney or prop Tax refund ■ No	e specific information about them perty owed to you? s owed to you			Current value of the portion you own? Do not deduct secured

	ebtor 1 ebtor 2	David Andrew Levine Monica Larson Levine	Case number (if known)	3:19-bk-01048
30.		r amounts someone owes you nples: Unpaid wages, disability insurance payments, disability benefits, sick pay, v benefits; unpaid loans you made to someone else	acation pay, workers' comper	nsation, Social Security
	■ No □ Yes.	s. Give specific information		
31.		ests in insurance policies nples: Health, disability, or life insurance; health savings account (HSA); credit, ho	meowner's, or renter's insurar	ce
	■ No			
	⊔ Yes.	s. Name the insurance company of each policy and list its value. Company name: Bei	neficiary:	Surrender or refund value:
32.	If you a	interest in property that is due you from someone who has died u are the beneficiary of a living trust, expect proceeds from a life insurance policy, eone has died.	or are currently entitled to rece	eive property because
	■ No □ Yes.	s. Give specific information		
33.		ns against third parties, whether or not you have filed a lawsuit or made a demples: Accidents, employment disputes, insurance claims, or rights to sue	mand for payment	
	■ No			
	☐ Yes.	s. Describe each claim		
34.	Other of	r contingent and unliquidated claims of every nature, including counterclaim	s of the debtor and rights to	set off claims
	■ No			
	☐ Yes.	s. Describe each claim		
35.	. Any fin □ No	inancial assets you did not already list		
	Yes.	s. Give specific information		
		Ownership Interest in ThreeSquare, LLC	<u> </u>	\$100.00
		Ownership interest in Indeco Union		\$5,000.00
_		<u> </u>		<u></u>
		Ownership interest in OurClimate, LLC		\$100.00
		Ownership interest in Ourclimate, LLO		Ψ100.00
36		I the dollar value of all of your entries from Part 4, including any entries for p Part 4. Write that number here		\$157,019.40
Pa	art 5: De	Describe Any Business-Related Property You Own or Have an Interest In. List any real e	state in Part 1.	
37.	Do vou d	u own or have any legal or equitable interest in any business-related property?		
	_ ′	Go to Part 6.		
	☐ Yes. G	Go to line 38.		
Pa		Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interference of you own or have an interest in farmland, list it in Part 1.	rest In.	
46.	. Do you	ou own or have any legal or equitable interest in any farm- or commercial fish	ning-related property?	
	■ No.	o. Go to Part 7.		
	☐ Yes	es. Go to line 47.		
Pa	art 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above		

	otor 2 Monica Larson Levine		Case number (if known)	3:19-bk-01048
	Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership	st?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$500,000.00
56.	Part 2: Total vehicles, line 5	\$11,250.00		
57.	Part 3: Total personal and household items, line 15	\$18,500.00		
58.	Part 4: Total financial assets, line 36	\$157,019.40		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$186,769.40	Copy personal property to	otal \$186,769.40
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$686,769.40

Fill in this information to identify your case:						
Debtor 1	David Andrew Le	vine				
	First Name	Middle Name	Last Name			
Debtor 2	Monica Larson Le	evine				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF WEST VIRGINIA			
Case number	3:19-bk-01048					
(if known)	0.10 BK 01040			☐ Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	ne Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2426 Steamboat Run Road Shepherdstown, WV 25443 Jefferson	\$500,000.00		\$29,911.28	WV Const. art. 6 § 48,; W. Va Code §§ 38-9-1, 38-10-4(a)
County Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	33 00 0 1, 00 10 1(1,)
2011 Subaru Legacy Line from Schedule A/B: 3.2	\$650.00		\$650.00	W. Va. Code § 38-10-4(e)
Ellie Holli Schedule A.B. 3.2			100% of fair market value, up to any applicable statutory limit	
Utility Trailer Line from Schedule A/B: 3.3	\$100.00		\$100.00	W. Va. Code § 38-10-4(e)
Ellie Holli Schedule A.B. 3.3			100% of fair market value, up to any applicable statutory limit	
2008 Toyota Highlander Line from Schedule A/B: 3.4	\$3,500.00		\$2,400.00	W. Va. Code § 38-10-4(b)
Ellio II oli i oli oli oli oli oli oli oli oli o			100% of fair market value, up to any applicable statutory limit	
2008 Toyota Highlander Line from Schedule A/B: 3.4	\$3,500.00		\$1,100.00	W. Va. Code § 38-10-4(e)
Line from Goriedule 7/D. 9:4			100% of fair market value, up to any applicable statutory limit	

tor 2 Monica Larson Levine			Case number (if known)	3:19-bk-01048
Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim S portion you own		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2002 Honda Accord Line from Schedule A/B: 3.5	\$800.00		\$800.00	W. Va. Code § 38-10-4(e)
Ellie IIoili osiilodale 702. Gio			100% of fair market value, up to any applicable statutory limit	
2000 BMW 1200cc Motorcycle - 16,084	\$3,200.00		\$2,400.00	W. Va. Code § 38-10-4(b)
Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	
2000 BMW 1200cc Motorcycle - 16,084	\$3,200.00		\$800.00	W. Va. Code § 38-10-4(e)
Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	
Stove/Cooking Unit Line from Schedule A/B: 6.1	\$250.00		\$250.00	W. Va. Code § 38-10-4(c)
Lille II OIII <i>Schedule AVB</i> . 0. 1			100% of fair market value, up to any applicable statutory limit	
Refrigerator Line from Schedule A/B: 6.2	\$350.00		\$350.00	W. Va. Code § 38-10-4(c)
Ellie II olii <i>Schedule A.B.</i> 5.2			100% of fair market value, up to any applicable statutory limit	
Freezer Line from Schedule A/B: 6.3	\$100.00		\$100.00	W. Va. Code § 38-10-4(c)
Ellie II olii oo,loodale 772. Glo			100% of fair market value, up to any applicable statutory limit	
Washer & Dryer Line from Schedule A/B: 6.4	\$625.00		\$625.00	W. Va. Code § 38-10-4(c)
Lille II olii <i>Schedule AVB.</i> 0.4			100% of fair market value, up to any applicable statutory limit	
Small Appliances Line from Schedule A/B: 6.5	\$300.00		\$300.00	W. Va. Code § 38-10-4(c)
Ellio II on ochodulo /vB. 919			100% of fair market value, up to any applicable statutory limit	
Cooking Utensils/Cookware Line from Schedule A/B: 6.6	\$100.00		\$100.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Dishes/China/Crystal Line from Schedule A/B: 6.7	\$850.00		\$850.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Silverware/Flatware	\$250.00		\$250.00	W. Va. Code § 38-10-4(c)
Line from Schedule A/B: 6.8			100% of fair market value, up to any applicable statutory limit	

tor 2 Monica Larson Levine			Case number (if known)	3:19-bk-01048
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	ortion you own		Specific laws that allow exemption
	Copy the value from Schedule A/B	Crie	ck only one box for each exemption.	
Living Room Furniture Line from Schedule A/B: 6.9	\$650.00		\$650.00	W. Va. Code § 38-10-4(c)
Family Room Furniture			100% of fair market value, up to any applicable statutory limit	
Family Room Furniture Line from Schedule A/B: 6.10	\$350.00		\$350.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Dining Room Furniture Line from Schedule A/B: 6.11	\$800.00		\$800.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Table & Chairs Line from Schedule A/B: 6.12	\$100.00		\$100.00	W. Va. Code § 38-10-4(c)
Line nom <i>Schedule Arb.</i> 0.12			100% of fair market value, up to any applicable statutory limit	
Bedroom Furniture Line from Schedule A/B: 6.13	\$450.00		\$450.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Various Home Decorations Line from Schedule A/B: 6.14	\$1,000.00		\$1,000.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Sewing Machine Line from Schedule A/B: 6.15	\$75.00		\$75.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Desk & Office Furniture Line from Schedule A/B: 6.16	\$250.00		\$250.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Miscellaneous Household Items Line from Schedule A/B: 6.17	\$600.00	•	\$600.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Tools Line from Schedule A/B: 6.18	\$300.00		\$300.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Lawnmower Line from Schedule A/B: 6.19	\$125.00	•	\$125.00	W. Va. Code § 38-10-4(c)
LING HOTH GONEGUNE AV.D. V. 13			100% of fair market value, up to any applicable statutory limit	

or 2 Monica Larson Levine			Case number (if known)	3:19-bk-01048
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption
ELV & MODIONO	Schedule A/B			W W O L 000 40 4/)
TV & VCR/DVD Line from Schedule A/B: 7.1	\$550.00		\$550.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Computer & Accessories Line from Schedule A/B: 7.2	\$900.00	-	\$900.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Photography Equipment ine from Schedule A/B: 7.3	\$75.00	-	\$75.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Signed Football, Native American Artifacts, oriental rugs, art,	\$7,500.00		\$7,500.00	W. Va. Code § 38-10-4(e)
glassware, pottery Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$850.00	•	\$850.00	W. Va. Code § 38-10-4(c)
			100% of fair market value, up to any applicable statutory limit	
Jewelry Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	W. Va. Code § 38-10-4(d)
			100% of fair market value, up to any applicable statutory limit	
Dog Line from Schedule A/B: 13.1	\$100.00		\$100.00	W. Va. Code § 38-10-4(e)
			100% of fair market value, up to any applicable statutory limit	
Checking: BB&T	\$1,922.40		\$1,922.40	W. Va. Code § 38-10-4(e)
			100% of fair market value, up to any applicable statutory limit	
I01K Line from <i>Schedule A/B</i> : 24.1	\$149,897.00	-	\$149,897.00	W. Va. Code § 38-10-4(j)(5)
			100% of fair market value, up to any applicable statutory limit	
Ownership Interest in ThreeSquare,	\$100.00		\$100.00	W. Va. Code § 38-10-4(e)
ine from Schedule A/B: 35.1			100% of fair market value, up to any applicable statutory limit	
Ownership interest in Indeco Union in interest in Schedule A/B: 35.2	\$5,000.00		\$5,000.00	W. Va. Code § 38-10-4(e)
LINE NOM SCHEUUIE A/D. 33.2			100% of fair market value, up to any applicable statutory limit	

Debtor Debtor				Case number (if known)	3:19-bk-01048
	ef description of the property and line on hedule A/B that lists this property			ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
O ₁ Ll	wnership interest in OurClimate,	\$100.00	-	\$100.00	W. Va. Code § 38-10-4(e)
	e from Schedule A/B: 35.3			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No			led on or after the date of adjustmer	nt.)
	Yes. Did you acquire the property cover	red by the exemption w	ithin 1	,215 days before you filed this case	?
	☐ Yes				

	0.000 0.== 0. 00000		0/ d.go	or or a digora	
Fill	in this information to identify y	our case:			
Deb	otor 1 David Andrew	Levine			
	First Name	Middle Name Last Name		-	
	tor 2 Monica Larso use if, filing) First Name	N Levine Middle Name Last Name		-	
Unit	ed States Bankruptcy Court for the	NORTHERN DISTRICT OF WEST VIRGINIA		-	
Cas	e number 3:19-bk-01048				if this is an ded filing
Off	icial Form 106D				
Sc	hedule D: Creditor	s Who Have Claims Secured	l by Propert	У	12/15
is ne numl 1. Do	eded, copy the Additional Page, fill per (if known). any creditors have claims secured		the top of any additio	nal pages, write your na	
	No. Check this box and submi	t this form to the court with your other schedules. Yo	ou have nothing else t	to report on this form.	
	Yes. Fill in all of the information	n below.			
Par	t 1: List All Secured Claims				
for e	ach claim. If more than one creditor h	s more than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. As etical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Specialized Loan Servicing	Describe the property that secures the claim:	\$220,088.72	\$500,000.00	\$0.00
	Creditor's Name	2426 Steamboat Run Road			
	8742 Lucent Boulevard Suite 300 Highlands Ranch, CO 80129	Shepherdstown, WV 25443 Jefferson County As of the date you file, the claim is: Check all that apply. Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Wha	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_		_			
_	Debtor 1 only Debtor 2 only	 An agreement you made (such as mortgage or secondar loan) 	ured		
_	Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
_	At least one of the debtors and anothe				
_	Check if this claim relates to a	Other (including a right to offset)			

community debt

Date debt was incurred

Last 4 digits of account number

9074

Debtor 1	David Andrew Levine			Case number (if known)	3:19-bk-01048	
	First Name Middle	Name	Last Name			
Debtor 2	Monica Larson Levine					
	First Name Middle	Name	Last Name			
2.2 Un	ited Bank	Describe the proper	ty that secures the claim:	\$250,000.00	\$500,000.00	\$0.00
Crec	litor's Name	2426 Steamboa	t Run Road			
300) Foxcroft Avenue	Shepherdstown	n, WV 25443			
	ite 101	Jefferson Coun				
	Box 1109		ile, the claim is: Check all that			
_	rtinsburg, WV 25401	apply. Contingent				
	ber, Street, City, State & Zip Code	Unliquidated				
	iso, choo, ony, chale a zip code	Disputed				
Who owe	es the debt? Check one.	Nature of lien. Che	ck all that apply			
☐ Debtor						
☐ Debtor	•	car loan)	u made (such as mortgage or	securea		
■ Debtor	1 and Debtor 2 only	☐ Statutory lien (suc	ch as tax lien, mechanic's lien)			
☐ At leas	et one of the debtors and another	☐ Judgment lien fro	m a lawsuit			
	if this claim relates to a nunity debt	Other (including a	right to offset)			
Date debt	was incurred	Last 4 digits	of account number 532′	1		
2.3 US	AA	Describe the proper	ty that secures the claim:	\$11,637.89	\$3,000.00	\$8,637.89
Crec	litor's Name	2013 Subaru Ou	ıtback	·		
080	00 Fredericksburg					
Ro			ile, the claim is: Check all that			
	n Antonio, TX 78288	apply. Contingent				
	ber, Street, City, State & Zip Code	☐ Unliquidated				
	iso, choo, only, chale a zip code	Disputed				
Who owe	es the debt? Check one.	Nature of lien. Che	ck all that apply.			
☐ Debtor	1 only	☐ An agreement you	u made (such as mortgage or s	secured		
☐ Debtor	2 only	car loan)	,			
■ Debtor	1 and Debtor 2 only	☐ Statutory lien (suc	ch as tax lien, mechanic's lien)			
	st one of the debtors and another	☐ Judgment lien fro	m a lawsuit			
	if this claim relates to a nunity debt	Other (including a	right to offset)			
Date debt	was incurred	Last 4 digits	of account number 6262	2		
Add the	dollar value of your entries in	Column A on this page	. Write that number here:	\$481,726	.61	
	the last page of your form, add	d the dollar value totals	from all pages.	\$481,726	.61	
				L		
Part 2:	List Others to Be Notified f	or a Debt That You	Already Listed			
Hea this r	age only if you have others to	he notified about your	hankruntov for a dobt that v	ou already listed in Part 1 E	or example if a collection	n agency is

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

			•		•	
Fill	in this information to identify your case:					
Del	btor 1 David Andrew Levine First Name Mid	dle Name Last Name				
Dal	btor 2 Monica Larson Levine	ule manie Last manie				
		dle Name Last Name				
Uni	ited States Bankruptcy Court for the: NORTH	ERN DISTRICT OF WEST VIRGINIA				
	se number 3:19-bk-01048					
(if kr	nown)				Check if	this is an
					amende	d filing
Of∙	ficial Form 106F/F					
	ficial Form 106E/F					40/45
Sc	hedule E/F: Creditors Who Ha	ve Unsecured Claims				12/15
Sche left.	edule G: Executory Contracts and Unexpired Lease edule D: Creditors Who Have Claims Secured by Pr Attach the Continuation Page to this page. If you have and case number (if known).	operty. If more space is needed, copy the P	art you need, fill it out,	number the	entries in t	the boxes on the
Pai	rt 1: List All of Your PRIORITY Unsecured	Claims				
1.	Do any creditors have priority unsecured claims a	gainst you?				
	☐ No. Go to Part 2.					
	Yes.					
2.	List all of your priority unsecured claims. If a credit identify what type of claim it is. If a claim has both prio possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular clai	rity and nonpriority amounts, list that claim here to the creditor's name. If you have more than	e and show both priority a	ind nonpriorit	y amounts.	As much as
	(For an explanation of each type of claim, see the inst	ructions for this form in the instruction booklet.)				
			Total claim	Priority amount		Nonpriority amount
2.1	Internal Revenue Service	Last 4 digits of account number	\$82,646.54		\$0.00	\$82,646.54
	Priority Creditor's Name				Ψ0.00	- 402,010101
	PO Box 37910	When was the debt incurred?				
	Hartford, CT 06176-7910 Number Street City State Zip Code	As of the date you file, the claim is: Chec	k all that apply			
	Who incurred the debt? Check one.	Contingent	k ali tilat appiy			
	Debtor 1 only	_				
	Debtor 2 only	☐ Unliquidated				
	_	☐ Disputed				
	■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe t	he government			
	Is the claim subject to offset?	☐ Claims for death or personal injury while	you were intoxicated			

■ No

☐ Yes

☐ Other. Specify _____

	or 1 David Andrew Levine or 2 Monica Larson Levine	Case number (if know	wn) 3:19-bk-01	048
2.2	West Virginia Dept. of Tax & Revenue	Last 4 digits of account number \$3,2	259.30 \$	\$3,259.30
	Priority Creditor's Name Bankruptcy Unit/Special Procedures P O Box 766	When was the debt incurred?		
	Charleston, WV 25323-0766 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
,	Who incurred the debt? Check one.	Contingent		
	Debtor 1 only	Unliquidated		
[Debtor 2 only	<u> </u>		
	_	☐ Disputed Type of PRIORITY unsecured claim:		
	■ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Domestic support obligations		
1	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government		
ſ	s the claim subject to offset?	☐ Claims for death or personal injury while you were intoxic	ated	
I	No	Other. Specify		
	☐ Yes			
4. Li ur th	nsecured claim, list the creditor separately for each cl an one creditor holds a particular claim, list the other	alphabetical order of the creditor who holds each claim. If aim. For each claim listed, identify what type of claim it is. Do no creditors in Part 3.If you have more than three nonpriority unse	ot list claims already inc	cluded in Part 1. If more
Pa	art 2.			Total claim
4.1	Atlantic Security Systems, Inc.	Last 4 digits of account number		\$1,961.00
	Nonpriority Creditor's Name 19741-G Leitersburg Pike	When was the debt incurred?		_
	Hagerstown, MD 21742 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	′	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or di	ivorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharing plans, and other sim		

	David Andrew Levine Monica Larson Levine		Case number (if known)	3:19-bk-01048
4.2	Bowles Rice	Last 4 digits of account number	0002	\$6,261.75
	Nonpriority Creditor's Name PO Box 1386 Charleston, WW 25325	When was the debt incurred?	2019	
	Charleston, WV 25325 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	t you did not
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Legal Serv	ices	
4.3	Chase	Last 4 digits of account number	8992	\$11,045.41
	Nonpriority Creditor's Name 270 Park Avenue New York, NY 10017	When was the debt incurred?	2012	
-	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	t you did not
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Care	d	
	Dr. Paul H. Levine	Last 4 digits of account number		\$63,888.10
	Nonpriority Creditor's Name 4816 Montgomery Lane Bethesda, MD 20814	When was the debt incurred?	2019	
-	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that	t you did not
	_	report as priority claims Debts to pension or profit-sharii	on plane, and other similar debte	
	■ No			
	Yes	Other. Specify Personal L	oans	

Debtoi Debtoi	David Andrew Levine Monica Larson Levine	Case number (if known) 3:19-bk-01048	
4.5	Matador Capital	Last 4 digits of account number	\$375,041.79
	Nonpriority Creditor's Name 8750 N Central Expy #750 Dallas, TX 75231	When was the debt incurred?	, ,
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Personal Guarantee	
4.6	PayPal Credit	Last 4 digits of account number 1367	\$1,993.95
	Nonpriority Creditor's Name P O Box 5138 Timonium, MD 21094	When was the debt incurred? 2017	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Paypal Credit Line	
4.7	United Bank	Last 4 digits of account number	\$307,857.84
	Nonpriority Creditor's Name 300 Foxcroft Avenue Suite 101	When was the debt incurred?	
	PO Box 1109 Martinsburg, WV 25401 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Personal Guarantee	
		— Outer. Specify	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Debtor 2 David Andrew Levine Monica Larson Levine		Case number (if known)	3:19-bk-01048	
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?		
Paypal Credit	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priori	ty Unsecured Claims	
2211 North First Street San Jose, CA 95131		Part 2: Creditors with Nonp	riority Unsecured Claims	
	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 85,905.84
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 85,905.84
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 768,049.84
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 768,049.84

Fill in this info	rmation to identify your	case:		
Debtor 1	David Andrew Le	vine		
	First Name	Middle Name	Last Name	
Debtor 2	Monica Larson Le	evine		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	NORTHERN DISTRICT	OF WEST VIRGINIA	
Case number	3:19-bk-01048			
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	<u> </u>		<u> </u>		
	Name				_
	Number	Street			_
				712.0	
2.5	City		State	ZIP Code	
2.0	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	

Fill in this	information to identify your				
	information to identify your				
Debtor 1	David Andrew Le	Middle Name	Last Name		
Debtor 2	Monica Larson L		Zaot Hamo		
(Spouse if, filing		Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF WEST VIRGINIA		
Case numb	ger 3:19-bk-01048				☐ Check if this is an
, , , 					amended filing
Sched Codebtors		re also liable for any deb			12/15 ate as possible. If two married
ill it out, ar our name	nd number the entries in the and case number (if known)	boxes on the left. Attach . Answer every question	n the Additional Page t	o this page. On the top	eeded, copy the Additional Page, o of any Additional Pages, write
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona No.	nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		y states and territories include
in line Form 1 out Co	2 again as a codebtor only i 106D), Schedule E/F (Officia blumn 2.	f that person is a guaran	tor or cosigner. Make	sure you have listed the 6G). Use Schedule D,	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
24				П оже же в г	_
3.1	Name			_ ☐ Schedule D, lin	
				☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, lin	Δ
	Name			Schedule E/F, I	
				☐ Schedule G, lin	
	Number Street			_	
C	City	State	ZIP Code		

Fill in this informa	ation to identify your case:	
Debtor 1	David Andrew Levine	_
Debtor 2 (Spouse, if filing)	Monica Larson Levine	-
United States Ba	nkruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA	_
Case number (If known)	3:19-bk-01048	Check if this is: An amended filing A supplement showing postpetition chapter
Official Fo	orm 106l	13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with ☐ Not employed ■ Not employed information about additional employers. Occupation Entrepreneur **Professor** Include part-time, seasonal, or Employer's name **Indeco Union Shepherd University** self-employed work. **Employer's address** Occupation may include student 224 W. King Street 301 N. King Street or homemaker, if it applies. Martinsburg, WV 25401 Shepherdstown, WV 25443 How long employed there? 2 years 15 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

non-filing spouse 5,291.99 7,612.14 3. 0.00 0.00 4 7.612.14 5.291.99

For Debtor 2 or

For Debtor 1

Debt Debt		David Andrew Levine Monica Larson Levine		Ca	se number (if known)	3:19	9-bk-01048	
				F	For Debtor 1		r Debtor 2 or n-filing spous	
	Cop	y line 4 here	4.	\$	7,612.14	\$	5,291.9	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,332.12	\$	928.5	57
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	317.5	53
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.0	00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.0	00
	5e.	Insurance	5e.	\$	0.00	\$	388.9	92
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.0	00
	5g.	Union dues	5g.	\$	0.00	\$	0.0	00
	5h.	Other deductions. Specify: Flex Account	5h.+	+ \$	0.00	+ \$ _	205.8	33
		Short Term Disability Annprm	_	\$	0.00	\$	11.4	10
		Short Term Disability Incprm	_	\$		\$	39.3	37
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,332.12	\$_	1,891.6	<u> </u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,280.02	\$_	3,400.3	37
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00	\$ _ \$ _ \$ _ \$ _ \$ _	0.0 0.0 0.0 0.0 0.0	00 00 00 00 00 00 00 00 00 00 00 00 00
	8h.	Other monthly income. Specify:	8h.+				0.0	
0		all other transvers. Add lives On Obs On Ods On Obs On Obs	_	\$	2.22	\$		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Ф_	0.00	Φ_	U.	.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,280.02 +	3	,400.37 = \$	9,680.39
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		.,	•		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies					12. \$	9,680.39
13.	Do y ■	vou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	>					bined thly income

						•		
Fill	in this informa	tion to identify yo	our case:					
Deb	otor 1	David Andre	w Levine	•		Chec	k if this is:	
							An amended filing	
	otor 2	Monica Lars	on Levin	е				wing postpetition chapter
(Spo	ouse, if filing)					· ·	13 expenses as of	the following date:
Unit	ed States Bankı	ruptcy Court for the	: NORTH	IERN DISTRICT OF WES	T VIRGINIA	-	MM / DD / YYYY	
	nown)	19-bk-01048						
Of	fficial Fo	rm 106J						
So	chedule	J: Your I	Exper	ises				12/15
Be	as complete ormation. If m	and accurate as	possible.	If two married people ar				
Par		ribe Your House	hold					
1.	Is this a joir							
	☐ No. Go to							
	Yes. Doe	es Debtor 2 live i	in a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	= N.					
۷.	•	•	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do vour ext	oenses include		Na				□ res
		f people other ti	han	No You				
	yourself and	d your depende	nts? □	Yes				
Par Est	imate your ex	ate Your Ongoing	our bankrı	uptcy filing date unless y	ou are using this fo	orm as a su	oplement in a Cha	apter 13 case to report
	olicable date.	a date after the i	oankruptc	y is filed. If this is a supp	nemental S <i>chedule</i>	J, cneck th	e box at the top o	if the form and fill in the
the		h assistance and		government assistance in Sluded it on <i>Schedule I:</i> Y			Your exp	enses
(,,						
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	e 4. \$		2,745.30
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		324.67
		•	•	ıpkeep expenses		4c. \$		400.00
_		owner's associat				4d. \$		0.00
5.	Additional r	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		1,080.10

	David Andrew Levine Monica Larson Levine	Casa num	ber (if known)	3:19-bk-01048
ODIOI Z	MOINGA LAISON LEVINE	Case nulf	ioci (ii KIIUWII)	
. Utilitie		_	_	
	Electricity, heat, natural gas	6a.		300.31
	Water, sewer, garbage collection	6b.	·	85.62
	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	657.92
	Other. Specify:	6d.		0.00
	and housekeeping supplies		\$	800.00
-	care and children's education costs	8.		0.00
Clothi	ng, laundry, and dry cleaning	9.		150.00
	nal care products and services	10.	\$	100.00
. Medic	al and dental expenses	11.	\$	600.00
	portation. Include gas, maintenance, bus or train fare.	40	c	450.00
	include car payments.	12.	*	
	ainment, clubs, recreation, newspapers, magazines, and books	13.		150.00
	able contributions and religious donations	14.	\$	150.00
Insura				
	include insurance deducted from your pay or included in lines 4 or 20.	45-	¢	0.00
	Life insurance	15a.	•	0.00
	Health insurance	15b.		0.00
	Vehicle insurance	15c.		280.64
	Other insurance. Specify:	15d.	Ψ	0.00
Specif	·	16.	\$	0.00
	ment or lease payments:	170	¢	0.00
	Car payments for Vehicle 1	17a.		0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
deduc	payments of alimony, maintenance, and support that you did not report ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 100			0.00
	payments you make to support others who do not live with you.		\$	700.00
	y: Payment	19.		
	real property expenses not included in lines 4 or 5 of this form or on S			
	Mortgages on other property	20a.	·	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	*	0.00
	Maintenance, repair, and upkeep expenses	20d.	•	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
. Other	: Specify: Prescription	21.	+\$	450.00
Pet C	are		+\$	50.00
Calcu	late your monthly expenses			
	dd lines 4 through 21.		\$	9,474.56
	copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	l-2	\$	-,
	dd line 22a and 22b. The result is your monthly expenses.		\$	9,474.56
220. A	ad into 22d and 22D. The result is your monthly expenses.			3,474.30
. Calcu	late your monthly net income.		_	
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,680.39
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	9,474.56
	Subtract your monthly expenses from your monthly income.	00 -	¢	205.83
	The result is your monthly net income.	23c.	\$	200.00
For exa	u expect an increase or decrease in your expenses within the year afte ample, do you expect to finish paying for your car loan within the year or do you expect ation to the terms of your mortgage?			ease or decrease because of a
■ No				

Debtor 2 (Spouse if, filing) United States Bankruptcy Court for the: Monica Larson Levine First Name Middle Name Last Name	Debtor 1	David Andrew I	_evine		
(Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA Case number (if known) Check if this is a		First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA Case number (if known) 3:19-bk-01048	Debtor 2	Monica Larson	Levine		
Case number (if known) 3:19-bk-01048 Check if this is a	(Spouse if, filing)	First Name	Middle Name	Last Name	
	Case number	, ,	NORTHERN DISTRICT	OF WEST VIRGINIA	☐ Chack if this is a
sile.isst imig	,				_
					amended ming
		-		_	
Official Form 106Dec	Doolarat	tion About	an Individual	Debtor's Schedules	

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Di	d you pay or agree to pay someone who is NC	Γ an attorney to help you fill out bankruptcy forms?
_	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119
tha	der penalty of perjury, I declare that I have rea t they are true and correct. /s/ David Andrew Levine	the summary and schedules filed with this declaration and X /s/ Monica Larson Levine
ha	t they are true and correct.	·
tha	t they are true and correct. /s/ David Andrew Levine	X /s/ Monica Larson Levine

Official Form 106Dec

Fill	in this inform	nation to identify you	r case:								
	otor 1	David Andrew L									
		First Name	Middle Name	Last Name							
	otor 2 use if, filing)	Monica Larson L	Levine Middle Name	Last Name							
\	. 0,										
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF WEST VIRGINIA							
Cas	e number 3	3:19-bk-01048									
(if kn	own)				_	heck if this is an mended filing					
○ t	Saial Fa	waa 107									
	ficial For atement		Affairs for Individ	duals Filing for B	ankruptcv	4/19					
Be a info num	s complete a mation. If m ber (if knowr	nd accurate as possi ore space is needed, a). Answer every que	ible. If two married people a attach a separate sheet to stion.	are filing together, both are this form. On the top of any	equally responsible for supply additional pages, write you						
Par 1.		current marital state	nrital Status and Where You is?	Lived Before							
	■ Married										
	□ Not mar	ried									
2.	During the la	uring the last 3 years, have you lived anywhere other than where you live now?									
	■ No										
	☐ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	' .						
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there					
3. state					ity property state or territory						
	.										
	■ No □ Yes Ma	ke sure vou fill out Sch	nedule H: Your Codebtors (Ot	fficial Form 106H)							
		ike sure you iiii out oci	leddie 11. Todi Godebiois (Ol	inciai i oiiii 10011).							
Par	Explai	n the Sources of You	r Income								
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?					
	□ No										
	_	in the details.									
			Dalifa at		Dalifa ii O						
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income					
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)					
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$154,856.76	☐ Wages, commissions, bonuses, tips	\$0.00					
			☐ Operating a business		☐ Operating a business						

Official Form 107

Debtor 1 David Andrew Levine Debtor 2 Monica Larson Levine C					Case number (if known) 3:19-bk-01048					
					Dobtos 4			Dobtor 2		
					Sources of income Check all that apply.		income e deductions and ions)	Sources of inc		Gross income (before deductions and exclusions)
			dar year: December	31, 2018)	☐ Wages, commissions, bonuses, tips		\$194,008.00	☐ Wages, con bonuses, tips	nmissions,	\$0.00
					☐ Operating a business			☐ Operating a	business	
			lar year be December		☐ Wages, commissions, bonuses, tips		\$117,689.00	☐ Wages, con bonuses, tips	nmissions,	\$0.00
					☐ Operating a business			☐ Operating a	business	
	List ea	ich s lo		the gross inco	e and you have income that	•		•		
					Debtor 1		Debtor 2			
					Sources of income Describe below.	each s	income from source e deductions and ions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankrupt	су			
6.	_		Neither De	ebtor 1 nor D	's debts primarily consume Debtor 2 has primarily cons personal, family, or househo	umer deb		ts are defined in 11	U.S.C. § 10	1(8) as "incurred by an
			During the No.	90 days befo	ore you filed for bankruptcy, c	did you pay	any creditor a tota	al of \$6,825* or mo	ire?	
			■ Yes	paid that cr not include	each creditor to whom you pa editor. Do not include payme payments to an attorney for	ents for dor this bankru	nestic support obli uptcy case.	gations, such as cl	hild support a	nd alimony. Also, do
	□ Y	es.	Debtor 1 o	or Debtor 2 o	t on 4/01/22 and every 3 yea or both have primarily cons	umer deb	ts.		•	
			During the No.	90 days befo	ore you filed for bankruptcy, c	did you pay	any creditor a tota	al of \$600 or more	?	
			□ Yes	List below e include pay	each creditor to whom you pa ments for domestic support of this bankruptcy case.					
	Credi	tor's	Name and	d Address	Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for
	Dr. P	aul	H. Levine)	10/01/2019, 11/01/2019		\$4,000.00	\$0.00	☐ Mortgaç ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplie	Card

Debtor 1 Debtor 2			Cas	se number (if known)	3:19-bk-01	048			
<i>Insid</i> of wh	in 1 year before you filed for bankrupto lers include your relatives; any general par nich you are an officer, director, person in siness you operate as a sole proprietor. 11 ony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their votin	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one fo			
■□	No Yes. List all payments to an insider.								
_	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment			
insid	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.								
=	No Voc List all payments to an incider								
Insi	Yes. List all payments to an insider der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name			
Part 4:	Identify Legal Actions, Repossession	s and Foreclosures							
□ ■ Cas	No Yes. Fill in the details. se title se number	Nature of the case			Status of the case				
	vine et al. v. Rockwool et al.	Defamation	Circuit Court of County 100 E. Washing Charles Town,	gton Street	■ Pending □ On appeal □ Concluded				
v. [rtin Sheehan, Chapter 7 Trustee David Levine et al. 00024		US Bankruptcy NDWV 1125 Chapline Wheeling, WV	Street	☐ Pending ☐ On appeal ☐ Concluded				
	in 1 year before you filed for bankruptock all that apply and fill in the details below		rty repossessed, f	oreclosed, garnis	hed, attached	I, seized, or levied?			
	No. Go to line 11. Yes. Fill in the information below.								
Cre	ditor Name and Address	Describe the Property Explain what happened				Value of the property			
	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No								
	Yes. Fill in the details. ditor Name and Address				action was	Amount			
12. Wit h	in 1 year before you filed for bankrupto	y, was any of your prope	rty in the possess	taken ion of an assigned		efit of creditors, a			
court-appointed receiver, a custodian, or another official? No Yes									

	otor 1 David Andrew Levine otor 2 Monica Larson Levine	Case number	(if known) 3:19-bk-01	048					
Par	t 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift.	r, did you give any gifts with a total value of more th	han \$600 per person?	,					
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value					
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charit □ No ■								
	Yes. Fill in the details for each gift or contrib								
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value					
	Resist Rockwool 224 W. King Street Martinsburg, WV 25401	Cost of bus trip to Washington, DC from Charles Town, West Virginia	02/14/2019	\$1,200.00					
15.	List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.								
	how the loss occurred Inclu-	cribe any insurance coverage for the loss de the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost					
Par	t 7: List Certain Payments or Transfers								
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
	□ No ■ Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
	Person Who Made the Payment, if Not You Turner & Johns, PLLC 216 Brooks Street Suite 200			\$10,000.00					
	Charleston, WV 25301								
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li		or transfer any proper	ty to anyone who					
	■ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
10	Within 2 years before you filed for bankruptou	did you sall trade or otherwise transfer any pron	arty to anyone other	than property					

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	David Andrew Levine Monica Larson Levine				Ca	se number (if known)	3:19-bk-010	48
	Includinclude	ferred in the ordinary course of your be both outright transfers and transfers made gifts and transfers that you have alread to the course of	ade a	s security (such as t	he granting of a	a sec	urity interest or mor	tgage on your p	roperty). Do not
	Addr			Description and v			Describe any pro payments receive paid in exchange	ed or debts	Date transfer was made
19.	Person's relationship to you 9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.					f-settled trust or si	milar device of	which you are a	
	Name	e of trust		Description and v	alue of the pro	pert	y transferred		Date Transfer was
		e of Financial Institution and less (Number, Street, City, State and ZIP		t 4 digits of ount number	Type of acco instrument	unt o	Date acco closed, so moved, or transferre	ld,	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)			Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents			Do you still have it?
	300 Suite	ed Bank Foxcroft Avenue e 101 Box 1109 :insburg, WV 25401		David Levine			tive American Ir tifacts	ndian	□ No ■ Yes
22.	Have	you stored property in a storage unit o	or pla	ce other than your	home within 1	l yea	r before you filed	for bankruptcy	?
	■ No □ Yes. Fill in the details.								
		e of Storage Facility ess (Number, Street, City, State and ZIP Code)		Who else has or h to it? Address (Number, S State and ZIP Code)		De	scribe the content	S	Do you still have it?

De	ebtor 1 David Andrew Levine									
De	ebtor 2 Monica Larson Levine		Ca	ase number (if known)	3:19-bk-010	48				
Pa	art 9: Identify Property You Hold or Control for	r Someone Else								
23.	Do you hold or control any property that some for someone.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.								
	■ No									
	Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property		Value				
Pa	art 10: Give Details About Environmental Inform	nation								
or	r the purpose of Part 10, the following definitions	s apply:								
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su Site means any location, facility, or property as	air, land, soil, surface water, groun ubstances, wastes, or material. s defined under any environmental	idwa	ter, or other medium	n, including st	atutes or				
	to own, operate, or utilize it, including disposa Hazardous material means anything an environ		ic wa	seto hazardoue eub	stanco tovio s	ubetanco				
	hazardous material, pollutant, contaminant, or		5 Wa	iste, nazardous sub	starice, toxic s	substance,				
Rep	port all notices, releases, and proceedings that y	you know about, regardless of whe	n the	ey occurred.						
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e un	der or in violation of	an environme	ental law?				
	■ No									
	☐ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law know it	, if you	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?									
	■ No	■ No								
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law know it	, if you	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
	■ No.									
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case		Status of the case				
Pa	art 11: Give Details About Your Business or Co	nnections to Any Business								
	Within 4 years before you filed for bankruptcy,	•	nv o	f the following conn	ections to any	husiness?				
•••	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership	, (===) or miniou hability partiters	p (I	,						
		utive of a corporation								
	☐ An officer, director, or managing execu	•	_							
		An owner of at least 5% of the voting or equity securities of a corporation								

Debtor 2 Monica Larson Levine		Case number (if known) 3:19-bk-01048				
	B					
No. None of the above applies. Go to						
Yes. Check all that apply above and f	fill in the details below for each busines	S.				
Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.				
(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed EIN:				
ThreeSquare, LLC	Rental Properties					
224 W. King Street Martinsburg, WV 25401		From-To				
Indeco Union	Investment	EIN:				
224 W. King Street Martinsburg, WV 25401		From-To				
OurClimate, LLC	Documentary Film	EIN:				
224 W. King Street Martinsburg, WV 25401		From-To				
GeoStellar, LLC	Solar Energy Marketing	EIN:				
		From-To 02/22/2010 - 04/24/2018				
■ No □ Yes. Fill in the details below.						
Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Part 12: Sign Below						
are true and correct. I understand that making with a bankruptcy case can result in fines up t 18 U.S.C. §§ 152, 1341, 1519, and 3571.	a false statement, concealing property, o \$250,000, or imprisonment for up to 2					
/s/ David Andrew Levine	/s/ Monica Larson Levine	<u> </u>				
David Andrew Levine Signature of Debtor 1	Monica Larson Levine Signature of Debtor 2					
Date January 7, 2020	Date January 7, 2020					
Did you attach additional pages to <i>Your Stater</i> ■ No □ Yes	ment of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?				
Did you pay or agree to pay someone who is n ■ No □ Yes. Name of Person . Attach the Bank	, ,	. ,				
		,				

Fill in this information to identify your case:								
Debtor 1 David Andrew Levine								
Debtor 2 (Spouse, if filing)	Monica Larson Levir	ne						
United States E	Bankruptcy Court for the:	Northern District of West Virginia						
Case number (if known)	3:19-bk-01048							

Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:									
☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 									
☐ 3. The commitment period is 3 years.									
4. The commitment period is 5 years.									
— • • • • • • • • • • • • • • • • • • •									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colui Debt		 mn B or 2 or filing spouse
 Your gross wages, salary, tips, bonuses, overtime payroll deductions). 	e, and co	ommissi	ons (before all	\$	7,612.14	\$ 5,291.99
 Alimony and maintenance payments. Do not include Column B is filled in. 	de payme	ents from	a spouse if	\$	0.00	\$ 0.00
 All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househand roommates. Do not include payments from a spoyou listed on line 3. Net income from operating a business, 	o rt. Includ	le regula depende	contributions nts, parents,	\$	0.00	\$ 0.00
profession, or farm	Debto	r 1				
Gross receipts (before all deductions)	\$	0.00				
Ordinary and necessary operating expenses	- \$ _	0.00				
Net monthly income from a business, profession, or f	arm\$_	0.00	Copy here ->	\$	0.00	\$ 0.00
. Net income from rental and other real property	Debto	r 1				
Gross receipts (before all deductions)	\$	0.00				
Ordinary and necessary operating expenses	- \$ _	0.00				
Net monthly income from rental or other real property	. •	0.00	Copy here ->	\$	0.00	\$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

3:19-bk-01048

Case number (if known)

						Column A Debtor 1		Column B Debtor 2 o non-filing		
7.	Interest. d	lividends, and royalties				\$	0.00	\$	0.00	
	•	ment compensation				\$	0.00	\$	0.00	-
		er the amount if you contend that the am Security Act. Instead, list it here:	nount received was a ber	nefit und	ler			-		-
	For you		\$	0.00						
	For you	r spouse	\$	0.00						
9.	Pension of benefit und not include United Sta disability, of pay paid u does not e	or retirement income. Do not include and der the Social Security Act. Also, except any compensation, pension, pay, annutes Government in connection with a disport death of a member of the uniformed sonder chapter 61 of title 10, then include exceed the amount of retired pay to which ander any provision of title 10 other than of	y amount received that was stated in the next senity, or allowance paid by ability, combat-related in ervices. If you received a that pay only to the extern you would otherwise be	itence, d the ijury or any retire at that it	ed	\$	0.00	\$_	0.00	
10.	Do not incl received a domestic to United Sta disability, of	om all other sources not listed above. lude any benefits received under the Soc s a victim of a war crime, a crime agains errorism; or compensation, pension, pay tes Government in connection with a disport death of a member of the uniformed son a separate page and put the total below	cial Security Act; paymer t humanity, or internation , annuity, or allowance p ability, combat-related in ervices. If necessary, list	nts nal or aid by th ijury or		\$	0.00	\$	0.00	
	_					· ———	0.00	\$	0.00	-
		otal amounts from separate pages, if an	V.		+		0.00	\$	0.00	-
11. Part	each colur	your total average monthly income. Ann. Then add the total for Column A to the total for Column A to the termine How to Measure Your Deduct	ne total for Column B.	\$_	7	7,612.14	\$_	5,291.99		12,904.13 otal average lonthly income
12. 13	. Copy you	r total average monthly income from I the marital adjustment. Check one:	ine 11.						\$	12,904.13
10.	_	are not married. Fill in 0 below.								
	■ You a	are married and your spouse is filing with	you. Fill in 0 below.							
		are married and your spouse is not filing	,							
	Fill in	the amount of the income listed in line 1 ndents, such as payment of the spouse's	1, Column B, that was N							
	adjus	 v, specify the basis for excluding this inc tments on a separate page. adjustment does not apply, enter 0 belo 		ncome o	dev	oted to each p	urpose	e. If necessary	, list add	litional
	0	adjustition assertion apply, since a set		\$						
				\$						
				+\$ _						
		Total		\$_		0.00	Co	opy here=>		0.00
14.	. Your cur	rent monthly income. Subtract line 13	from line 12.	[\$	12,904.13
15.		e your current monthly income for the							\$	12,904.13
	13a. C0	py line 14 here=>							Ψ	

David Andrew Levine

Monica Larson Levine

Debtor 1 Debtor 2

Debtor 1 Debtor 2	David Andrew Levine Monica Larson Levine	Case number (if known)	3:19-bk-01048
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	b. The result is your current monthly income for the year for this par	rt of the form	\$154,849.56

Debte Debte		Monica Larson Levine		Case number (if known)	3:19-bk-01048
16	. Calo	culate the median family income that applies to	you. Follow these	steps:	
	16a.	ı. Fill in the state in which you live.	WV		
	16h	b. Fill in the number of people in your household.	2		
		E. Fill in the median family income for your state an	-	<u> </u>	s 51,102.00
	100.	To find a list of applicable median income amour instructions for this form. This list may also be av	nts, go online using	the link specified in the separate	\$
17	. Hov	w do the lines compare?			
	17a.	 Line 15b is less than or equal to line 16c. U.S.C. § 1325(b)(3). Go to Part 3. Do 			
	17b.	Line 15b is more than line 16c. On the to 1325(b)(3). Go to Part 3 and fill out Cal your current monthly income from line 14	culation of Your D		
Par	t 3:	Calculate Your Commitment Period Under 1	1 U.S.C. § 1325(b)	(4)	
18.	Сор	py your total average monthly income from line	11.		\$\$
19.	cont	duct the marital adjustment if it applies. If you a tend that calculating the commitment period under use's income, copy the amount from line 13.			pur
		. If the marital adjustment does not apply, fill in 0 c	on line 19a.		-\$0.00
	19b.	Subtract line 19a from line 18.			\$12,904.13
20.	Cald	culate your current monthly income for the yea	r. Follow these ste	ps:	
	20a	ı. Copy line 19b			\$12,904.13
		Multiply by 12 (the number of months in a year).			x 12
					454.040.50
	20b.	 The result is your current monthly income for the 	year for this part of	the form	\$ 154,849.56
	20c.	c. Copy the median family income for your state an	d size of household	from line 16c	\$51,102.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless other period is 3 years. Go to Part 4.	wise ordered by the	court, on the top of page 1 of this f	form, check box 3, The commitment
		■ Line 20b is more than or equal to line 20c. Use commitment period is 5 years. Go to Part 4.		dered by the court, on the top of pa	ge 1 of this form, check box 4, The
Par	t 4:	Sign Below			
	By s	signing here, under penalty of perjury I declare tha	t the information on	this statement and in any attachme	ents is true and correct.
>	(/s/	/ David Andrew Levine		X /s/ Monica Larson Levine	
		avid Andrew Levine gnature of Debtor 1		Monica Larson Levine Signature of Debtor 2	
		e January 7, 2020		Date January 7, 2020	
	If v∩	MM / DD / YYYY ou checked 17a, do NOT fill out or file Form 122C-	2.	MM / DD / YYYY	
	•	ou checked 17b, fill out Form 122C-2 and file it with		39 of that form, copy your current m	nonthly income from line 14 above.
	, -	•		, 1777	

David Andrew Levine

Debtor 1

Fill in this info	ormation to identify your case:	
Debtor 1	David Andrew Levine	
Debtor 2	Monica Larson Levine	
(Spouse, if filin	g)	
United States I	Bankruptcy Court for the: Northern District of West Virginia	
Case number (if known)	3:19-bk-01048	☐ Check if this is an amended filing
Official Form 1	22C-2	

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the guestions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,288.00

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

		Ionica Larson Levine				,		-	
People	e w	vho are under 65 years of age							
7	a.	Out-of-pocket health care allowance per person	\$	55					
7	b.	Number of people who are under 65	X	2					
7	c.	Subtotal. Multiply line 7a by line 7b.	\$	110.00	C	opy here=	> \$_	110.00	
eopl	e w	vho are 65 years of age or older							
7	d.	Out-of-pocket health care allowance per person	\$	114					
7	e.	Number of people who are 65 or older	X	0					
7	f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	C	opy here=	> \$_	0.00	
7	g.	Total. Add line 7c and line 7f			\$110	0.00	C	opy total here=>	\$110.00
ocal	Sta	andards You must use the IRS Local Standards	to answe	er the question	ns in lines 8	-15.			
		n information from the IRS, the U.S. Trustee Protectly purposes into two parts:	ogram ha	s divided the	e IRS Loca	l Standar	d for h	ousing for	
_	•	ing and utilities - Insurance and operating expe	nses						
_		ing and utilities - Mortgage or rent expenses							
o ans	swe	er the questions in lines 8-9, use the U.S. Trust	ee Progr	am chart. To	find the cl	nart, go o	nline u	sing the link s	pecified in the
		instructions for this form. This chart may also							•
		using and utilities - Insurance and operating exp are dollar amount listed for your county for insurance		Jsing the num	nber of beor	ole you er	ntered ir	ine 5, fill	500
			z anu obe			•		\$	593.
		ising and utilities - Mortgage or rent expenses:	з апо оре					\$_	593.
. н	lou		, fill in the	erating expens	ses.	·	\$_	\$_ 1,276.00	593.
. H 9	lou: a.	using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5,	, fill in the ses.	erating expens	ses.		\$_	*-	593.
. H 9	lou: a.	using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens	fill in the ses. and othe	erating expens dollar amoun r debts secur nounts that ar	ses. nt red by your l		\$_	*-	593.
. H 9	lou: a.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6	fill in the es. and othe add all an 60 month:	erating expens dollar amoun r debts secur nounts that ar	nt red by your l		\$_	*-	593.
. H 9	lou: a.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	fill in the es. and othe add all an 60 month:	dollar amoun or debts secur- nounts that ar s after you file	nt red by your l		\$_	*-	593.
. H 9	lou: a.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor	fill in the les. and othe add all an 60 months	dollar amount r debts secur nounts that ar s after you file werage montayment 2,74	ses. nt red by your lefe		\$_	*-	593.
. H 9	lou: a.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Specialized Loan Servicing	and other add all an 60 months	dollar amount r debts secur nounts that ar s after you file werage montayment 2,74	ses. ed by your left the description of the descri	home.	\$_	*-	593.
. H 9	lou: a.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Specialized Loan Servicing	and other and other add all and 60 months	dollar amounter debts securinounts that aris after you file ayment 2,74	red by your left this sees. this sees. this sees. 1. The sees. 1. Th		\$_	*-	Repeat this amou
. H 9	a. b.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Specialized Loan Servicing United Bank	and other and other add all and 60 months	dollar amounter debts securinounts that aris after you file ayment 2,74	red by your left this sees. this sees. this sees. 1. The sees. 1. Th	home.	· <u>-</u>	1,276.00	Repeat this amou
. H 9	a. b.	Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Specialized Loan Servicing United Bank	and other add all an 60 months and street s	dollar amount of debts securing expension debts securing and the following securing and the following securing	thly 45.30 80.10 Che	home.	-\$	1,276.00	Repeat this amou
. H 9 9 9	b.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60. Name of the creditor Specialized Loan Servicing United Bank 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, expense or claim that the U.S. Trustee Program's division	and other add all an so month: and other add all an so month: from line of the son of the son of the son of the son and other so.	dollar amount or debts securing that are safter you file to the securing and the safter you file to the yo	ses. at red by your left red by your le	opy ere=>	-\$	3,825.40 Copy here=>	Repeat this amount on line 33a.
. H 9 9	a. b.	Using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expens Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Specialized Loan Servicing United Bank 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, en	and other add all an so month: and other add all an so month: from line of the son of the son of the son of the son and other so.	dollar amount or debts securing that are safter you file to the securing and the safter you file to the yo	ses. at red by your left red by your le	opy ere=>	-\$	3,825.40 Copy here=>	Repeat this amount on line 33a.

David Andrew Levine

Debtor 1

Debtor 1 Debtor 2		arson Levine				Case number (ii	f known) 3:	19-bk-01048	
11.	Local transpo	ortation expenses	s: Check the number of vehic	les for whic	h you claim a	an ownership	o or operatin	ng expense.	
	☐ 0. Go to line	e 14.							
	☐ 1. Go to line	e 12.							
	2 or more.	Go to line 12.							
12.			sing the IRS Local Standards						484.00
13.	Vehicle owne	rship or lease ex laim the expense	pense: Using the IRS Local if you do not make any loan	Standards,	calculate the	net ownersh	nip or lease	expense for each v	
Ve	ehicle 1 Des	cribe Vehicle 1:	2013 Subaru Outback						
13a	. Ownership or I	leasing costs usin	g IRS Local Standard			\$	508.00		
13b	ŭ	hly payment for al	I debts secured by Vehicle 1.						
	To calculate th	ne average monthl	y payment here and on line for cured creditor in the 60 mont			t			
	Name of	each creditor for	Vehicle 1	Average i	monthly				
	USAA			\$	201.31				
120	Not Vokiolo 4 v		Average Monthly Payment	\$	201.31	Copy here => -	\$20	Repeat this amount on line 33b.	
130		ownership or leas 3b from line 13a.	e expense if this number is less than \$0	, enter \$0		\$	306.69	Vehicle 1 expense here => \$	306.69
Ve	ehicle 2 Des	cribe Vehicle 2:							
13d	. Ownership or I	easing costs usin	g IRS Local Standard			\$	0.00		
13e	. Average month leased vehicles	, , ,	I debts secured by Vehicle 2.	Do not incl	ude costs for				
	Name of	each creditor for	Vehicle 2	Average i	monthly				
	-NONE-			\$					
		Total a	overage monthly payment	\$	0.00	Copy here => -\$	0.	Repeat this amount on line 33c.	
13f.		ownership or leas 3e from line 13d.	e expense if this number is less than \$0	, enter \$0		\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.			e: If you claimed 0 vehicles e allowance regardless of v					in the	0.00
15.	Additional pu	blic transportation	on expense: If you claimed 1 on expense, you may fill in w al Standard for <i>Public Trans</i>	or more ve	hicles in line	11 and if yo	u claim that		0.00

David Andrew Levine

Debtor 1 Debtor 2 David Andrew Levine Monica Larson Levine Case number (if known) 3:19-bk-01048

	er Necessary Expenses	In addition to the expense the following IRS categories		s listed above	, you are allowed your monthly expenses	for		
16.	self-employment taxes, soc	cial security taxes, and Med cowever, if you expect to recome the total monthly amou	dicare taxe ceive a tax	s. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	2,260.69	
17.	Involuntary deductions: 7		ductions tl	hat your job re	quires, such as retirement			
	contributions, union dues, a		iob. such a	as voluntary 40	01(k) contributions or payroll savings.	\$	317.53	
18.	Life Insurance: The total n filing together, include payr	nonthly premiums that you nents that you make for you or life insurance on your de	pay for your spouse'	ur own term lif s term life insu	e insurance. If two married people are	\$	50.77	
19.	Court-ordered payments: administrative agency, such Do not include payments or	\$	0.00					
20.	Education: The total month	-						
	as a condition for your jo	ob, or						
	for your physically or me	entally challenged depende	ent child if r	no public educ	eation is available for similar services.	\$	0.00	
21.	Childcare: The total month Do not include payments for			-	sitting, daycare, nursery, and preschool.	\$	0.00	
22.	Additional health care ex that is required for the heal by a health savings accoun Payments for health insura	\$	0.00					
23.	Optional telephone and to for you and your dependen phone service, to the exten income, if it is not reimburs. Do not include payments for expenses, such as those re-	+\$_	657.92					
	4. Add all of the expenses allowed under the IRS expense allowances.							
24.	Add lines 6 through 23.	mowed under the into exp		wantes.		\$	6,068.60	
	Add lines 6 through 23. itional Expense Deduction	·		s allowed by the		\$	6,068.60	
Add	itional Expense Deduction Health insurance, disabili	These are additional Note: Do not include ity insurance, and health	any exper	s allowed by the seallowances count exper			6,068.60	
Add	itional Expense Deduction Health insurance, disabili insurance, disability insurance	These are additional Note: Do not include ity insurance, and health	any exper	s allowed by the seallowances count exper	s listed in lines 6-24. ses. The monthly expenses for health		6,068.60	
Add	itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents.	These are additional Note: Do not include ity insurance, and health	any exper savings a counts that	s allowed by the seallowances ccount expertage tare reasonab	s listed in lines 6-24. ses. The monthly expenses for health		6,068.60	
Add	Health insurance, disabili insurance, disability insurance, your dependents. Health insurance	These are additional Note: Do not include ity insurance, and health	any exper savings a counts that	s allowed by the see allowances ccount expert are reasonab	s listed in lines 6-24. ses. The monthly expenses for health		6,068.60	
Add	Health insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance	These are additional Note: Do not include ity insurance, and health	savings a counts that	s allowed by the see allowances allowances ccount expert are reasonabed 388.92	s listed in lines 6-24. ses. The monthly expenses for health		594.75	
Add	Health insurance, disabilitinsurance, disabilitinsurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	These are additional Note: Do not include ity insurance, and health noce, and health savings according to total amount?	savings a counts that \$ + \$ \$	s allowed by these allowances ccount expert are reasonab 388.92 0.00 205.83	s listed in lines 6-24. nses. The monthly expenses for health ply necessary for yourself, your spouse, o	r		
Add	itional Expense Deduction Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this	These are additional Note: Do not include ity insurance, and health noce, and health savings according to total amount?	savings a counts that \$ + \$	s allowed by these allowances ccount expert are reasonab 388.92 0.00 205.83	s listed in lines 6-24. nses. The monthly expenses for health ply necessary for yourself, your spouse, o	r		
Add 25.	Health insurance, disabili insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do your yes Continued contributions continue to pay for the reas	total amount? to the care of household conable and necessary care of your immediate family w	savings a counts that \$ + \$ or family e and supprocess and supprocess unal	s allowed by the seallowances occount expert are reasonable as a seal of the s	s listed in lines 6-24. nses. The monthly expenses for health only necessary for yourself, your spouse, of the company of the	r		
25.	Health insurance, disabili insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do you yes Continued contributions continue to pay for the reasyour household or member include contributions to an Protection against family	to the care of household conable and necessary care of your immediate family waccount of a qualified ABLE violence. The reasonably	savings a counts that \$ \$ + \$ or family e and support on support or su	s allowed by the seallowances allowances are reasonable are reasonable as a seallowances are reasonable as a seallowances are reasonable as a seallowance are	copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b) enses that you incur to maintain the	r \$\$	594.75	
Add 25.	Health insurance, disabili insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do you yes Continued contributions continue to pay for the reasyour household or member include contributions to an Protection against family	to the care of household conable and necessary care of your immediate family waccount of a qualified ABLE violence. The reasonably ly under the Family Violence.	savings a counts that \$ \$ or family e and suppry who is unal program. Incressary ce Prevent	s allowed by the seal allowances of the seal allowances of the seal of the sea	copy total here=> e actual monthly expenses that you will rily, chronically ill, or disabled member of such expenses. These expenses may 529A(b)	r \$\$	594.75	

Debtor 1 Debtor 2	David Andrew Levine Monica Larson Levine	Case nun	mber (<i>if known</i>)	3:19-b	k-0104	48	
	Additional home energy costs. Your home line 8.	e energy costs are included in your insurance and	d operating e	expenses	on		
	If you believe that you have home energy or 8, then fill in the excess amount of home en	osts that are more than the home energy costs in ergy costs	cluded in ex	penses or	n line		
	You must give your case trustee documenta amount claimed is reasonable and necessa	ition of your actual expenses, and you must show ry.	v that the ad	ditional		\$	0.00
		ren who are younger than 18. The monthly exponendent children who are younger than 18 years			or		
	You must give your case trustee documenta claimed is reasonable and necessary and necessary	ation of your actual expenses, and you must explain of your actual expenses, and you must explain already accounted for in lines 6-23.	ain why the a	amount			
	* Subject to adjustment on 4/01/22, and eve	ry 3 years after that for cases begun on or after the	he date of a	djustment		\$	0.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowances						
	To find a chart showing the maximum additinstructions for this form. This chart may als						
	You must show that the additional amount of	laimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization	amount that you will continue to contribute in the nization. 11 U.S.C. § 548(d)(3) and (4).	form of cas	n or financ	cial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	150.00
	Add all of the additional expense deductional lines 25 through 31.	ions.				\$	744.75
Ded	uctions for Debt Payment				_		
ار 1	oans, and other secured debt, fill in lines	ent, add all amounts that are contractually due to			٨	verage	monthly
	Mortgages on your nome					ayment	
33a.	Copy line 9b here				=> \$	3	3,825.40
	Loans on your first two vehicles						
33b.	Copy line 13b here			=	:> \$		201.31
33c.	Copy line 13e here			=	> \$		0.00
33d.	List other secured debts:						
Nam	e of each creditor for other secured debt	Identify property that secures the debt	inclu	s paymer ude taxes surance?			
				No			
	-NONE-			Yes	\$		
				No			
				Yes	\$		
				No	Τ.		
				Yes 4	+ \$		
					Φ.		
33e	Total average monthly payment. Add lines	33a through 33d\$	4,02	6 71 t	Copy otal nere=>	\$	4,026.71

ebtor 1 ebtor 2		id Andrew Levine ica Larson Levine			Ca	se number (<i>if known</i>)	3:19-bk-0	1048	
		debts that you listed in lir property necessary for yo				e,			
	No.	Go to line 35.							
	Yes.	State any amount that you listed in line 33, to keep polynext, divide by 60 and fill	ossession of your property	addition to (called the	the payments cure amount).				
Name	of the	creditor	Identify property that sec	cures the de	ebt	Total cure amour	nt	Monthly	cure
-NOI	NE-				\$		÷ 60 = \$	amount	
					Total	\$	0.00 Copy total here:	•	0.00
		owe any priority claims - s due as of the filing date o				hat			
	No.	Go to line 36.	, , ,		·				
	Yes.	Fill in the total amount of a ongoing priority claims, su	all of these priority claims. I uch as those you listed in lir		ude current or				
		Total amount of all past-	due priority claims			\$ 85,905	5.84 ÷ 60	\$	1,431.76
36. Pr	ojecte	d monthly Chapter 13 pla	n payment			\$ 632	2.61		
Off the To	fice of Exec find a l	nultiplier for your district as the United States Courts (foutive Office for United State ist of district multipliers that incl instructions for this form. This list	or districts in Alabama and es Trustees (for all other dis udes your district, go online us	North Card stricts). sing the link s	olina) or by	X8.10			
Ave	erage	monthly administrative exp	ense			\$51.2	Copy to here=>		51.24
		of the deductions for deles 33e through 36.	ot payment.					\$	5,509.71
Total [Deduc	tions from Income							
38. Ad	ld all d	of the allowed deductions	•						
C e:	opy lir xpens	ne 24, All of the expenses a e allowances	llowed under IRS	\$	6,068.6	0			
С	opy lir	ne 32, All of the additional e	xpense deductions	\$	744.7	5_			
С	opy lir	ne 37, All of the deductions	for debt payment	+\$	5,509.7	1			
T	otal de	eductions		\$	12,323.0	6 Copy total he	ere=>	\$	12,323.06

btor 1 btor 2		id Andrew ica Larso				-	Case	number (<i>if known</i>)	3:19	-bk-01048	
art 2:	Det	termine Yo	ur Disposable Income Under 11 l	J.S.C. § 13	25 (b	o)(2)					
			rrent monthly income from line 1 Current Monthly Income and Cal				d.			\$	12,904.13
ch dis red	ildren sability ceived	The month payments f in accordar	oly necessary income you received his average of any child support payor a dependent child, reported in Place with applicable nonbankruptcy ended for such child.	yments, fos art I of Forr	ter c n 12	care payments, o 22C-1, that you	r	\$	0.0	0	
em in	nployer 11 U.S	r withheld from the withheld f	etirement deductions. The month on wages as contributions for qual (7) plus all required repayments or \$\cdot \cdot \cdo	ified retiren	nent	plans, as specifi		\$	0.0	<u> </u>	
2. To	tal of a	all deduction	ons allowed under 11 U.S.C. § 70	7(b)(2)(A).	Сор	y line 38 here	=>	\$ 12	,323.0	6	
ex the	penses eir expe	s and you ha	ial circumstances. If special circu ave no reasonable alternative, des must give your case trustee a deta locumentation for the expenses.	cribe the sp	ecia	al circumstances	and				
)escr	ibe the	e special ci	rcumstances			Amount of ex	pen	se			
						\$					
						\$					
						\$					
				Total	\$_	0.00)	Copy here=>\$		0.00	
4. To	otal adj	justments.	Add lines 40 through 43.			=>	\$	12,323.0		copy ere=> - \$	12,323.06
	•	•	nthly disposable income under §	1325(b)(2)	. Sul	btract line 44 fror	n lin	e 39.		\$	581.07
ha tim yo	nange ve cha ne your u filed	in income of the inged or are rease will be your petition	or expenses. If the income in Forne virtually certain to change after the eopen, fill in the information below n, check 122C-1 in the first column in when the increase occurred, an	e date you f r. For exam , enter line	filed ple, 2 in	your bankruptcy if the wages reporthe second colur	peti orted nn, e	tion and during I increased afte	g the er		
orm		Line	Reason for change			Date of chan	ge	Increase o decrease?		Amount of ch	nange
								☐ Increase			
122 122 122 122 122	C-2 C-1 C-2							Decreas Increase Decrease Increase	e se	\$ 	

Debtor 1 3:19-bk-01048 **Monica Larson Levine** Case number (if known) Debtor 2 Part 4: Sign Below By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct. X /s/ David Andrew Levine X /s/ Monica Larson Levine **David Andrew Levine Monica Larson Levine** Signature of Debtor 1 Signature of Debtor 2 Date **January 7, 2020** Date **January 7, 2020** MM / DD / YYYY MM / DD / YYYY

David Andrew Levine

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of West Virginia

In	David Andrew Levine Monica Larson Levine		Case No.	3:19-bk-01048
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN	SATION OF ATTORN	EY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(to compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	10,000.00
	Prior to the filing of this statement I have received		\$	10,000.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compe		-	•
	☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to ren	der legal service for all aspects o	f the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, states c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour 	ment of affairs and plan which m is and confirmation hearing, and a duce to market value; exem is as needed; preparation ar	ay be required; any adjourned hear ption planning;	rings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.	does not include the following se chargeability actions, judicia	ervice: al lien avoidance	es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for pa	yment to me for re	epresentation of the debtor(s) in
-	January 7, 2020	/s/ Brian R. Blickens		
	Date	Brian R. Blickensta Signature of Attorney	ff 9449	
		Turner & Johns, PL	LC	
		216 Brooks Street Suite 200		
		Charleston, WV 253		
		304-720-2300 Fax: <i>Name of law firm</i>	304-720-2311	

United States Bankruptcy Court Northern District of West Virginia

In re	David Andrew Levine Monica Larson Levine		Case No.	3:19-bk-01048	
		Debtor(s)	Chapter	13	

VERIFICATION OF CREDITOR MATRIX

above-named Debtors hereby ver	rify that the attached list of creditors is true and correct to the best of their knowledge.
ate: January 7, 2020	/s/ David Andrew Levine
	David Andrew Levine
	Signature of Debtor
ate: January 7, 2020	/s/ Monica Larson Levine
	Monica Larson Levine
	Signature of Debtor